



# State of Utah

DEPARTMENT OF NATURAL RESOURCES  
DIVISION OF OIL, GAS AND MINING

Michael O. Leavitt  
Governor

Kathleen Clarke  
Executive Director

Lowell P. Braxton  
Division Director

1594 West North Temple, Suite 1210  
PO Box 145801  
Salt Lake City, Utah 84114-5801  
801-538-5340  
801-359-3940 (Fax)  
801-538-7223 (TDD)

July 31, 2001

Carol Pionke  
Wells Fargo Bank  
55 South Blanding  
Blanding, Utah 84511

Re: Signature Cards, Certificate of Deposit, Holliday Construction, Inc., Lime Ridge Mine,  
M/037/081, San Juan County, Utah

Dear Ms. Pionke:

On July 30, 2001, we received the original Certificate of Deposit (Time Account Receipt/Disclosure) # . The certificate is in the amount of \$35,620.17, which will be held by Wells Fargo Bank on behalf of the State of Utah, Division of Oil, Gas and Mining as surety for reclamation of Holliday Construction, Inc.'s Lime Ridge Mine. As you requested, we are returning the two signature cards which our Division Director has signed.

We have sent the cover letter, which will be attached to the Certificate, to Jerry Holliday to obtain his signature. After he signs the letter, he should bring it to your bank for signature, then return the original to us. Please make a copy for your records before giving it back to Mr. Holliday.

Thank you for your assistance in preparing this certificate. If you have any questions or concerns, please contact me at (801) 538-5286.

Sincerely,

D. Wayne Hedberg  
Permit Supervisor  
Minerals Regulatory Program

jb  
Enclosure: Signed signature cards  
M37-81-Wells Fargo-ltr.doc

# Time Account Receipt/Disclosure

**WELLS  
FARGO**

Bank name

Wells Fargo Bank Northwest, N.A.

Time Account number

Date opened

07/27/2001

Term of Time Account

36 months days

Maturity date

Your Time Account will mature on

07/27/2004

Interest rate

4.40

Fixed rate

X

Variable rate

Annual percentage yield

4.50

Interest will be paid

EVERY 03 MONTHS AND AT WITHDRAWAL

The method of interest payment will be

BY ADDING TO PRINCIPAL

Renewability

Taxpayer Identification Number (TIN)

YOU WILL AUTOMATICALLY RENEW MY TIME ACCOUNT

AT MATURITY UNLESS I NOTIFY YOU OTHERWISE.

The Bank is opening the above described Time Account for your deposit of

THIRTY FIVE THOUSAND SIX HUNDRED TWENTY AND 17/100

\$ \*\*, \$35,620.17

Your name and address

JERRY HOLLIDAY CONSTRUCTION INC FBO UT STATE DIV OF OIL GAS & MINING

LIME RIDGE MINE PERMIT M/037/081

PO BOX 145801

SALT LAKE CITY UT 84114

07/27/2001 12:34

PROMOTION

U6810 02768 Bank# 0119

This is a receipt. It need not be presented at the time you obtain payment from the Bank and, therefore, it is not evidence of an ongoing deposit relationship.

(5-99-8154-J)

38A13

# Time Account Signature Card/W-9

**Request for Taxpayer Identification Number and Certification (Substitute Form W-9)****Certification:** Under penalties of perjury, I certify that:

1) The number shown on this form is my correct Taxpayer Identification Number, and

2) UNLESS I HAVE CHECKED ONE OF THE BOXES BELOW, I am not subject to backup withholding either because I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the IRS has notified me that I am no longer subject to backup withholding (does not apply to real estate transactions, mortgage interest paid, the acquisition or abandonment of secured property, contributions to an Individual Retirement Arrangement (IRA), and payments other than interest and dividends).

☐ I am subject to backup withholding☐ I am exempt from backup withholding

Depositor(s) name and address

JERRY HOLLIDAY CONSTRUCTION INC FBO UT STATE DIV OF OIL GAS & MINING  
LIME RIDGE MINE PERMIT M/037/081  
PO BOX 502  
BLANDING UT 84511 0502

Signature

X

Account number

Taxpayer identification number

☐ temporary signature card☐ Need certification**Signature:**

I have received a copy of the Bank's Time Account Receipt/Disclosure, applicable account agreement, and applicable fee and information schedule and agree to be bound by them.

Signature(s)

X

Lowell P Braxton

X

X

Lowell P Braxton, Director  
of Ut. Div of Oil Gas & Mining

X

Date

W 74W50 (11-00-37438-J) PII

I need Lowell  
to sign both  
forms & return to me  
Thank,  
Carol  
Pionke

8. This Certificate is in effect until the date indicated below and shall remain in effect until the \_\_\_\_\_ receives the Customer's written notice of its revocation and \_\_\_\_\_ had a reasonable opportunity to act on such notice.

9. If the Customer is a tribal government or tribal government agency, the Customer waives Sovereign Immunity with respect to all matters directly or indirectly referred to in this Certificate, and submits to the jurisdiction of, and the Bank may bring any legal proceeding directly or indirectly relating to a matter referred to this Certificate, in a state or federal court.

DATE: 7-27-01

Certified/Agreed to by:

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Imprint Seal (if any)

**AUTHORIZED SIGNERS** - Check the appropriate box and then complete the designated Signature Capture section(s). If neither box is checked and one of the Signature Capture sections is left blank the Bank will be authorized to treat the sections as having been completed identically.

☐ Complete "Deposits and Related Services Only" section.

☐ Complete both of the following sections but if either section is blank and the other is completed, the Bank will be authorized to treat the sections as having been completed identically.

If the customer is a sole proprietor, any Authorized Signer named below shall hereby be appointed as the Customer's attorney-in-fact for the purpose of exercising the powers granted by this Certificate, and this power of attorney shall continue to be effective if the Customer becomes disabled or incompetent and until the Bank receives actual notice of this Certificate's termination.

**SIGNATURE CAPTURE - Deposits and Related Services Only**  
Authorized Signers (Only one signer is required)

Name	Title (if any)	Specimen Signature
<u>Lowell P Braxton</u>	<u>Director of UT</u> <u>Div of Oil, Gas, &amp; Mining</u>	<u>Lowell P Braxton</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SIGNATURE CAPTURE - Credit and Related Services Only**

Authorized Signers

Number of signers required (If left blank, only one signer is needed) \_\_\_\_\_

Name	Title (if any)	Specimen Signature
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____